

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

APPLICATION FOR AMENDMENT
CLASS E CERTIFICATE FROM
GODING & FISH LLC, DBA SURE
LOAD MOVING PSC# 9780

OFFICE OF REGULATORY STAFF

RECEIVED
MAY 19 2011

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009 - 515 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: STEVEN FISH

Telephone:

843 - 971 - 1779

Address: 1005 VON KOLNITZ RD

Fax:

843 - 971 - 6197

MT PLEASANT SC 29464

Other:

Email: SURELOADMOVING@GMAIL.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement

- ☒ Request for Name Change on Certificate
- ☒ Request to Amend Scope of Authority
- ☒ Request to Amend License (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

RECEIVED

PSC SC
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

gbs

CLASS E AMENDMENT FORM

MAY 19 2011

File the original with:

Public Service Commission of South Carolina
Clerk's Office
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

DATE: 3/31/11

I have the following Certificate of Public Convenience and Necessity:

☒ Class E Household Goods # 9780 ☐ Class E Hazardous Waste # _____

Please consider this as my request for the following amendment(s) to my Certificate:

☒ Name ChangeFrom: JEREMY GODING

(Current Name)

SURE LOAD MOVING

(Current DBA, if Applicable)

To: Goding, FISH LLC

(New Name)

SURE LOAD MOVING

(New DBA, if Applicable)

☒ Scope of AuthorityTRI-COUNTY

(Current Scope)

ALL POINTS IN SC

(New Scope)

(NOTE: All requests for expanded scope of authority for household goods movers require the filing of a full application and a formal hearing before the Public Service Commission. Any request to expand beyond three contiguous counties requires additional justification and will require the presentation of a shipper witness(s) at the hearing before the PSC.)

☒ Tariff (change in rates, fuel surcharge, etc. Attach any appropriate documentation)JEREMY GODING, GODING & FISH LLC

(Name)

130 WEDGEWOOD CIRCLE

(Street and/or Mailing Address)

(Signature)

843-637-0628

(Telephone Number)

SURE LOAD MOVING

(DBA if applicable)

GOOSE CREEK SC 29445

(City, State, Zip Code)

OWNER

(Title) Owner, President, etc.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 4/20/2011

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

IMPORTANT! If application is to request reinstatement or amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☐ New Application
☒ Amended Scope of Authority

Current Scope:
(list counties)

DORCHESTER, CHARLESTON, BERKELEY

Amended Scope:
(list counties)

ALL POINTS OF SOUTH CAROLINA

- ☐ Reinstatement of Authority

My Certificate of Public Convenience and Necessity Number is _____ . My certificate was revoked/

cancelled on _____ because _____

I am seeking reinstatement because _____

(old name) Jeremy Goding dba Sure Load Moving

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

GODING & FISH LLC, DBA SURE LOAD MOVING

1005 VON KOLNITZ RD, MT PLEASANT SC 29464

Street Address of Applicant

Mailing Address of Applicant if different from street address

843-971-1779

Phone

843-971-6197

FAX

SURE LOAD MOVING@GMAIL.COM

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☒ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

JEREMY GODING, 130 WEDGEWOOD DR, GOOSE CREEK SC 29445
STEVEN FISH, 3009 CRUSADES ST, LADSON SC 29456

4. Applicant proposes to operate service as follows: (Check one.)

- ☐ Intrastate Only ☐ Interstate Only ☒ Both

5. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month JANUARY Year 2011

Assets:

Cash	4546
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	17400
Garage Equipment (Net)	
Machinery and Tools (Net)	3354
Supplies on Hand	
Prepays and Other Assets	1200
Total Assets	26500
<u>Liabilities and Equity:</u>	
Accounts Payable	
Notes Payable	7519
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	1981
Other Liabilities	
Total Liabilities	9500
Capital Stock	
Retained Earnings	17000
Total Equity	17000
Total Liabilities and Equity	26500

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges for Service are as follows: **SEE ATTACHED**

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Areas to be Served: (List each county in which you plan to operate)

STATEWIDE

Rate Changes Requested

Current Rates:

\$80 per hour for 2 men and a 16' truck with \$30 per hour for each additional man and \$75 per hour if referred from craigslist advertising or military discount.

\$100 per hour for 2 men and a 26' truck with \$30 per hour for each additional man and \$95 per hour if referred from craigslist advertising or military discount.

Additional Rates:

\$25 travel fee and \$50 travel fee for anything over 50 miles.

Piece delivery: \$90 minimum 1 -2 piece delivery – 2 men

\$20 per additional piece for 3 or more pieces – 2 men

\$25 per additional piece for 3 or more pieces – 3 men

Box delivery: \$4 per box – small

\$6 per box – medium

\$8 per box – large

Piano or pool table delivery \$225 plus any added costs

Storage rates per month based on Mt Pleasant Mini Storage rates plus 15% administrative fee

DESCRIPTION OF EQUIPMENT

[illegible]

* Number of seats if passenger carrier or tonnage if freight carrier.

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Jeremy Goding Sure Load Moving
Name of Motor Carrier

1005 Von Kunitz Road Mount Pleasant SC 29464
Address of Motor Carrier

Amount of Premium:

Liability Insurance \$ 6,848.00

Cargo Insurance \$ _____

Limits Quoted: (See Below)

Limits \$ 750,000 CSL

Limits _____

* Attach Certificate of Insurance if available.

Progressive Northern Insurance Co.
Name of Insurance Company

Mid Atlantic Region P.O. Box 94656, Cleveland OH 44101-4656
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

6-2-11
Date

Cathy M. Lancaster
Authorized Insurance Company Representative's Signature

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Goding and Fish, LLC DBA Sure Load Moving
Name of Motor Carrier
1005 Von Konitz Rd. Mount Pleasant SC 29464
Address of Motor Carrier

Amount of Premium:

Liability Insurance \$ _____
Cargo Insurance \$ 1650.00

Limits Quoted: (See Below)

Limits _____
Limits \$25,000

* Attach Certificate of Insurance if available.

Great American Insurance Co.
Name of Insurance Company
Admin. Offices, 580 Walnut Street, Cincinnati, Ohio 45202
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

10-2-11 Date
Cathy M. Lancaster Authorized Insurance Company Representative's Signature

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Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
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Exhibit FWA

GODING & FISH LLC DBA SURELOAD MOVING

Name

2131519

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☐ No ☒ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

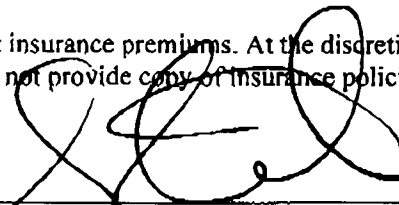
4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)



Applicant's Signature

SWORN TO BEFORE ME
This 26th day of APRIL, 2011

[Signature]
Notary Public

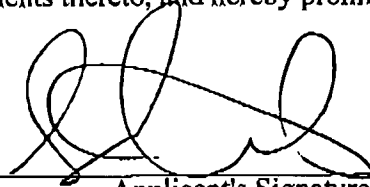
Commission Expires Feb

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF _____

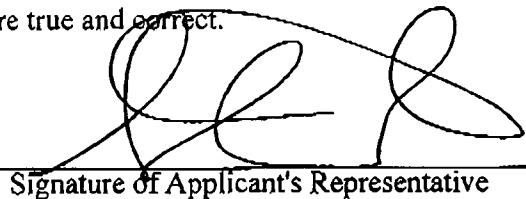


Applicant's Signature

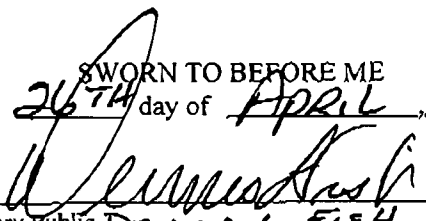
I, STEVEN FISH, CFO - OWNER
Name of Applicant's Representative Title

of GODING & FISH LLC,
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Signature of Applicant's Representative

SWORN TO BEFORE ME
This 26TH day of APRIL, 2011

Notary Public DENNIS L FISH
Commission Expires FEB 4 2021

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

GODING & FISH LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on March 29th, 2011, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the
State of South Carolina this 29th day of March,
2011

Mark Hammond

Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT
COPY AS TAKEN FROM AND COMPARED
WITH THE ORIGINAL ON FILE IN THIS OFFICE

Mar 29 2011

Mark Hammond

SECRETARY OF STATE OF SOUTH CAROLINA

110329-0076

Filed: 3/29/2011

GODING & FISH LLC

Filing Fee: \$135.00 ORIG



Mark Hammond

South Carolina Secretary of State

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
FOR A
LIMITED LIABILITY COMPANY

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the 1976 South Carolina Code of Laws, as amended is GODING & FISH LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is
1005 VON KOLNITZ RD
Street Address

MT PLEASANT SC

294643679

City

Zip Code

3. The initial agent for service of process of the Limited Liability Company is
STEVEN FISH Electronically filed on SCBOS.
Signature not required.
Name Signature

and the street address in South Carolina for this initial agent for service of process is

3009 CRUSADES ST

Street Address

LADSON SC

294563074

City

Zip Code

4. The name and address of each organizer is

a) STEVEN FISH

Name

3009 CRUSADES ST

Street

LADSON

SC US

294563074

City

State

Zip Code

5. ☐ Check this box if the company is to be a term company. If so, provide the term specified:

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:

7. ☐ Check this box if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.

10. Signature of each organizer

Electronically filed on SCBOS.
Refer to attached signature page.

Date 2011-03-29